Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
JEREMIAH TWOMEY MD

Respondent Name
TASB RISK MGMT FUND

MFDR Tracking Number
M4-14-0265-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
September 24, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have made several attempts to get the above mention claim paid. The original bill was fax 5/31/2013 and mailed with the complete bill and narrative on the same day that the original bill was faxed to make sure he claim gets paid. I called the bill review department on 7/10/2013 and spoke with a representative; she stated that they never received the original invoice so I resubmitted via fax; I called to verify the invoice was received and was told to call back for a follow-up in 7-10 days or more ... TASB-RMF contends the claimant has reached MMI on or about 6/22/13. Dr Pamela Johnson as of 5/14/13 with no impairment."

Amount in Dispute: $650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "After review of the MFDR submitted, TASBRMF determined that we will reimburse $350 as per Rule 134.204(j)(2) when MMI has not been reached, the MMI evaluation portion shall be billed and reimbursed only."

Response Submitted by: TASB Risk Management Fund

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 22, 2013	CPT Code 99456-NM	$650.00	$650.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
    - 219 – Based on Extent
    - 193 – Per PLN-11 disputes the DWC-69 from Dr. Jeremiah Twomey certifying the claimant has not reached MMI as of 05/22/13, but would reach MMI on or about 06/22/13.
      TASB-RMF contends the claimant has reached MMI per Dr Pamela Johnson as of 05/14/13 with no

impairment. Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

9/9/13 – Maintain original denial per dispute on file

Issues

1. What is the maximum allowable reimbursement for CPT Code 99456-NM?
2. Is the requestor entitled to reimbursement?

Findings

1. This dispute involves a Designated Doctor Examination with maximum medical improvement and impairment evaluation.

   Review of the submitted documentation finds the requestor evaluated the injured employee for maximum medical improvement, however the injured employee did not reach maximum medical improvement; impairment rating to one body area using range of motion method was also evaluated.

   Reimbursement is in accordance with 28 Texas Administrative Code §134.204(j)(2)(A) states "If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this subsection. Modifier "NM" shall be added."

   28 Texas Administrative Code §134.204(j)(3)(C) states "An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be $350"

   28 Texas Administrative Code §134.204(j) (4) (C)(ii)(II) states "If full physical evaluation, with range of motion, is performed: (-a-) $300 for the first musculoskeletal body area"."

   Therefore, the requestor is allowed a total of $650.00 for maximum medical improvement and impairment rating evaluation.
2. The respondent issued payment in the amount of $0.00. Based upon the documentation submitted, additional reimbursement in the amount of $650.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $650.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $650.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	12/30/14 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee***

Dispute Resolution Findings and Decision together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.